COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNE (Includes Reference to PCT International Applications)	Attorney's Docket Number: 6184.200-US
As a below named inventor, I hereby declare that:	
My residence, post office address and citizenship are as stated below next to my name.	
I believe I am the original, first and sole inventor (if only one name is listed below) or an opinit inventor (if plural names are listed below) of the subject matter which is claimed patent is sought on the invention entitled:	original, first and and for which a
New Pharmaceutical Composition and The Process For Its Preparation	
The specification of which (check only one item below): [] is attached hereto [X] was filed as United States application Application No. To Be Assigned	
on April 4, 2001 and was amended	
on	
[] was filed as PCT international application Number on	
and was amended under PCT Article 19 on	
I hereby state that I have reviewed and understand the contents of the above-identi- including the claims, as amended by an amendment referred to above.	fied specification,
I acknowledge the duty to disclose information which is material to patentability as d 1.56, including for continuation-in-part applications, material information which became the filing date of the prior application and the national or PCT international filing date of	available between

I hereby claim priority benefits under Title 35, United States Code, \$119 of any provisional or foreign application(s) for patent or inventor's certificate or of any PCT international application(s) for patent or inventor's certificate or of any PCT international applications(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country

other than the United States of America filed by me on the same subject matter having a filing date before

that of the application(s) of which priority is claimed:

DDIOD II C	DROVISIONAL	/EOPEIGN/PCT	APPLICATION(S)	AND ANY PRIORITY	CLAIMS UNDER 3.	5 U.S.C. 119:

COUNTRY (if PCT, indicated "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119	
Denmark	PA 2000 00557	04 April 2000	[X] YES	[] NO
United States	60/196,981	13 April 2001	[X] YES	[]NO
			[]YES	[] NO
			[]YES	[] NO
			[]YES	[] NO

COLUMN TARREST

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

Attorney's Docket Number

6184.200-US

I hereby claim the benefit under Title 35. United States Code '120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this applications is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, '121, acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, '1 56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application

		PRIOR U S	APPLICATIONS O	R PCT INTER	NATIONAL APPLICATIONS DESIGNA UNDER 35 U S C 120	ATING THE U	S FOR BENE	FIT	
	US APPLICATIONS					STATUS (Check one)			
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APPLICATION NO FILING DATE		US SERIAL NUMBERS ASSIGNED (if any)							
rade	ER OF ATTORNEY emark Office connect d Correspondence t	et therewith Stev 8: Steve T Zelson Novo Nordisk o	Reg No 30,335	Reg No		this application	Direct Tel Steve T	business in the F ephone Calls To: Zelson 67-0123	
	Full Name	New York, New	v York 10174-6400		1 C ()				
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ŧ	Full Name of Inventor	Family N	ame		First Given Name		Second	Given Na	me
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of Inventor	ranny Name	First Given Name	Second Given Name		
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Residence & Citizenship	City	State or Foreign Country	Country of Citizens		
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Full Name of Inventor	Family Name	First Given Name	Second Given Nam		
Residence & Citizenship	City	State or Foreign Country	Country of Citizens		
Post Office Address	Post Office Address	City	State & Zip Code/Country		
Full Name of Inventor	Family Name	First Given Name	Second Given Nam		
Residence & Citizenship	City	State or Foreign Country	Country of Citizens		
Post Office Address	Post Office Address	City State & Zi Code/Cou			
Full Name of Inventor	Family Name	First Given Name	Second Given Nam		
Residence & Citizenship	City	State or Foreign Country	Country of Citizens		
Post Office Address	Post Office Address	City State & Z Code/Co			

I nervely occase that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon

Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
Date	Date	Date
Signature of Inventor 4	Signature of Inventor 5	Signature of Inventor 6
Date	Date	Date
Signature of Inventor 7	Signature of Inventor 8	Signature of Inventor 9
Date	Date	Date